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AUTHOR Keane, Barbara R.; And Others
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ABSTRACT

A training program was implemented to provide consultation services in a residential treatment center for emotionally disturbed individuals. Prior to the program's implementation, clinicians were discouraged and frustrated because staff needs could not adequately be met. Psychological services to 36 severely disturbed females, ages 12 to 22, were provided by just one psychologist and a pre-doctoral intern. Clinical services were reconceptualized emphasizing consultation and the systems-ecological model. Needs were categorized in terms of a four-level view of consultation: (1) direct service to the child; (2) indirect service to the child; (3) direct service to the teacher; and (4) direct service to the system. This model considers change from a circular rather than a linear framework, acknowledging that intervention at one level necessarily affects service at other levels. In the training program, consultative and supervisory knowledge bases were drawn upon and integrated. Supervision was conceptualized via a multi-tiered model. Though the advantages of the training program were appreciated by all proposed changes include: (1) expansion of the training program to students in the Masters of Social Work program; (2) a study assessing the value of an art therapy program; (3) the use of biofeedback; and (4) a resident assistant program. (ABL)

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Evolving Perspectives:

Consultation, School Psychology, and the Clinical Setting

Barbara R. Keane

The Devereux Foundation

Rebecca Cash

The Devereux Foundation

Jacqueline Clarke

Chester County Intermediate Unit

CG 020127

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Evolving Perspectives:

Consultation, School Psychology, and the Clinical Setting

While the present discussion focuses, in part, on the development of a training program within a residential treatment center, it also considers the concept of change within a system. In effect, this paper will deal with both product--the program, and process--the implementation of such. To facilitate understanding, a theoretical perspective will be briefly outlined. The reader familiar with consultation at the organizational level will recognize the basic tenets of systems theory.

The systems theorist views human behavior in terms of a circular model, a set of interactions that include the environment or context of the individual. Where traditional theorists tend to view action in terms of cause-effect relationships, systems theorists focus on the structure of interaction within an ongoing system. Considering the circularity suggests greater possibilities for intervention.

COMMUNICATIONS THEORY AND THE CYBERNETIC MODEL

Through their work with patterns of communication in schizophrenic families, Gregory Bateson and his followers concluded that there is no such thing as a simple message. The context is of primary import when interpreting any message. Therefore, communicational influence on behavior should not be neglected (Weakland, 1976).

The system is viewed as a set of interdependent parts related to each other in a meaningful way, governed by a set of

rules. As a result of this interdependency, change in one reverberates throughout the system. With this in mind, cybernetics suggests that problems arise out of vicious circles. To add to the complexity, systems are described as homeostatic. In an effort to maintain balance, many first order changes are attempted. That is, new behaviors appear but the structure of the system remains unchanged. As Bateson stated, "All change can be understood as the effort to maintain some constancy and all constancy is maintained through change" (In Papp, 1983, p.10). It is when these attempts no longer work that the system is stressed and often seeks outside assistance. An example may clarify this point. A marriage that has "survived" because a child has kept it together (provided a way to avoid communication) will find difficulty in maintaining homeostasis once the child leaves home. The wife, in an attempt to maintain the systemic balance, has an affair (another way to avoid communication). While the observer may view this as pathological behavior, it has the potential of returning things to the status quo - at least for a period of time. In fact, it may take a great deal of time before the discomfort in the system reaches a level that stimulates the search for aid. Knowledge of the existing system, then, is a prerequisite for successful intervention, as is the ability to step out of the system, from an old to a new framework.

A period of confusion often precedes the "creative leap" representative of system change (Papp, 1983). Family therapists speak of unbalancing the system by changing the context so that the usual methods of dealing with issues no longer work. New

ways must therefore be generated and tested. Creating dissonance is what stimulates movement toward change.

How can the context be changed? Systems theory provides the concept of reframing. It is one of the most effective tools of change. It allows for the perception of new alternatives and makes it difficult to return to the trap of a former view of reality. It follows, then, that reality is what we have come to call it (Watzlawick, Weakland, & Fisch, 1974). Changing perceptions rather than reality becomes the focus. Reframing entails fitting a different frame around the facts of a concrete situation, thereby changing the meaning. The confusion earlier described sets the stage for reframing. The need to escape the confusion stimulates an openness around new options.

Thus, successful reframing lifts the problem out of the "symptom" frame and replaces it with a frame that does not suggest unchangeability. The chosen frame must be one that is in line with the individual's way of viewing and categorizing reality. It has been termed "taking what the patient is giving you" (Erickson in Watzlawick et al, 1974, p.104). This acknowledgement allows one to avoid some of the resistance that is engendered when the conceptual framework of the client is ignored.

Effecting change from a systems perspective sees as its goal the teaching of a different game, making the old one obsolete (Watzlawick et al., 1974). Insight, a goal of many traditional therapies, may provide understanding but it rarely provides alternatives to those in search of positive change. While

understanding may be valuable, it becomes increasingly difficult to accept that insight alone will stimulate desired movement.

OVERVIEW:

A systemic view of change, then, involves several steps:

(A) The total picture is considered when deciding how to effect change. The individual, subsystem, and/or larger system may be the focus of intervention, but all must be taken into account. The necessary discomfort may originate within the individual, a subsystem, or from outside of the system.

(B) Human behavior is thought to be a product of the stream of interaction within an ongoing system. Given that a system is described as a set of interdependent parts related to each other in a meaningful way, it follows that intervention can be made through any member of the system. It is important to work from an interactional point of view.

(C) The importance of context within this school of thought should be evident. One may recognize the Adlerian influence, where man's experience is said to be determined by his/her interaction with his/her environment.

(D) Any disturbance of the system's homeostasis tends to facilitate change. Crisis often stimulates at least consideration of doing things differently. It should be noted, however, that change of the first order is often sought to restore the balance to the system without necessarily changing the structure. Once there is an awareness of how a given system operates, second order change may be effected by stepping outside the existing framework. This sometimes entails asking new questions rather than generating new answers.

(E) Reframing is a valuable tool in successful system intervention. It provides a way of viewing problems that implies manageability. It also offers a way of overcoming the resistance that often confronts a change agent. It would be naive to assume, for example, that those who express a desire for change are not resistant to the process.

(F) Despite the complexity of the conceptualization, a rather straightforward set of steps appears most effective in accomplishing change.

1. Clear definition of the problem in concrete terms
2. Investigation of the solutions attempted thus far
3. Clear definition of the concrete change to be achieved
4. Formulation and implementation of a plan to produce change

This four-step model describes change in a clear, "achievable" fashion and provides for a method of evaluating outcome. As an aside, it is interesting to note that from a cybernetic viewpoint, even if a small but significant change can be accomplished in what appears to be a major and hopeless problem, a beneficial circle leading to further progress is likely to be initiated (Watzlawick et al., 1974).

Successful intervention requires more than following these four steps, however. The importance of relationship building between client and change agent cannot be overemphasized. Family therapy literature discusses the concept of "Joining" a family in the creation of a therapeutic system. This entails accepting the present organization of the system and "going with it". One can learn about the system most effectively by temporarily becoming part of it. Affirmation of each member of the system, as well as each subsystem, is imperative. Joining establishes the change agent as an empathic, caring, and trustworthy individual. The perception of the change agent in this fashion facilitates therapeutic change.

CONSULTATION AND CHANGE: IS THE MODEL COMPATIBLE?

A systems-ecological perspective appears to be very much in line with effective consultation. Successful consultants recognize the need to understand the system that they are entering or of which they are a part. Providing the consultee with some sense of control, via the collaborative model, can combat the feelings of inadequacy and powerlessness that can be engendered when one "admits defeat". The consultants' use of self is an important tool in relationship building. Demonstrating

competency while exhibiting warmth and empathy increases the chance of a successful experience. Overcoming resistance to problem solving is an initial step in facilitating change.

Clarity concerning problem definition, investigation of solutions already attempted (data gathering), description of the concrete change to be achieved, and formulaton and implementation of a plan to produce this change are steps that should be accomplished through a collaborative effort between the consultant and consultee. Continual evaluation of the effectiveness of solutions provides the necessary balance between change and stability. It is essential to keep track of the success or failure of the consultative process so that communication remains open and contributes to a well-functioning system. With these concepts in mind, the following program is offered.

IMPLEMENTATION

Residential treatment centers have often relied on traditional clinical approaches in serving their clients. Aside from client need, demands on clinical staff are necessarily impacted by political and monetary factors over which they seldom have control. An increased number of clients within a facility, as well as a more disturbed overall population, are a sample of mandated changes that may confront residential staff. Although traditional approaches, i.e. individual and group psychotherapy, may no longer be sufficient, resistance to changing this well-entrenched pattern must be anticipated. As stated, achieving movement requires stepping outside the situational framework and

reframing it in a way that is acceptable to all (Watzlawick et al., 1974). This is the core of the Training Program that has been outlined.

UNDERSTANDING THE SYSTEM

The facility where program implementation took place is part of a large, complex organization. The particular unit is one of several within a Division of the Foundation.

Thirty-six females, ranging in age from 12 to 22 years, reside at the unit. Diagnoses are varied and include personality disorders, adjustment reactions, major affective disorders, controlled seizure disorders, organic brain syndrome, and schizophrenia.

THE PROBLEM:

Thirty-six severely disturbed clients demand a truly therapeutic milieu. As the psychology staff was limited to a psychologist and pre-doctoral intern, the needs of the system surpassed the availability of services. Providing individual and group therapy, psychodiagnostic assessment, and the necessary reports usurped all clinical time. Frustration and discouragement were frequently experienced by clinicians and directed toward them as staff needs could not be effectively met. A traditional view of therapy did not allow for meeting additional demands. The attached diagram (Figure A) outlines service delivery prior to program implementation.

Entry into the system by an individual with a school psychological perspective who joined with a "non-traditional" counseling psychologist was the initial step toward reconceptualizing clinical services. An emphasis on consultation

Service Delivery Prior to Program Implementation

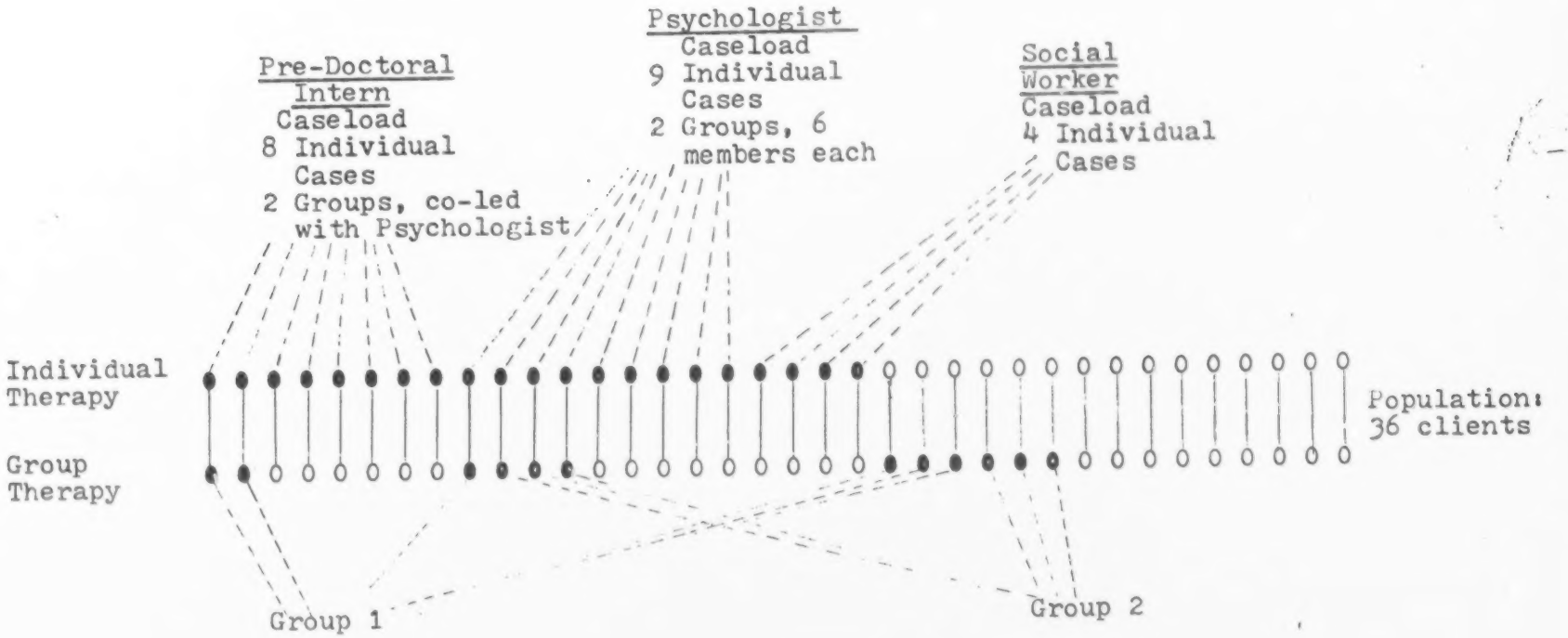

Figure A

and the systems-ecological model this implies, represented an area previously neglected.

Needs were categorized in terms of the four level view of consultation set forth by Meyers, Parsons, and Martin (1979). This includes:

Level I- Direct Service to the Child

At this level, interaction is directly with the student/client. This closely parallels the traditional role of the school psychologist.

Level II- Indirect Service to the Child

The emphasis here is on extrapersonal factors in the student's environment. This would include the curriculum, teaching techniques, and/or teacher behavior. At this level, the teacher or principal would collect data and implement agreed upon interventions.

Level III- Direct Service to the Teacher

The primary focus at this level is to effect change in teacher behavior and/or attitudes. This clearly has the potential to impact service delivery at a broader level.

Level IV- Direct Service to the System

The last level is referred to as Service to the Organization and has the capacity to impact the greatest amount of students. Intervention techniques are typically based on theories of social psychology and organization development. The latter tends to focus on adequacy of communication channels for system members. The goal, then, is to improve the process of interpersonal and group interaction so that better decision making is facilitated. Survey feedback regarding program efficacy is emphasized.

This model considers change from a circular rather than a linear framework, acknowledging that intervention at one level necessarily affects service at other levels. As the consultant moves beyond direct service, efforts will typically affect more individuals. Prior to program implementation, intervention was concentrated at Level I.

The two clinicians charged with providing psychological services were relatively new to the overall system. As noted, one entered with a background in school psychology while the other was trained in counseling, with emphasis on the supervisory process. A fresh approach and a shared systemic orientation resulted in a collaborative effort to effect system change. Prior to such collaboration, much confusion and frustration had been experienced by these individuals. This was, it seemed, the period of confusion described earlier (Papp, 1983). The change agents were then able to step outside the existing framework and reframe the situation in a way that suggested changeability.

As must be the case, the chosen frame was in line with the system's way of viewing and categorizing reality. Thus, the program eventually proposed was based on the established acceptance of training within the treatment setting. Implementation of the model was facilitated by the fact that the clinical coordinator, overseeing all Division psychologists, was also new to the system and supportive of such efforts. In addition, Division administration was in transition.

THE TRAINING PROGRAM

Based on the established model of training within the Foundation, an expansion of such was proposed. Consultative and supervisory knowledge bases were drawn upon and integrated.

The hierarchical relationship represented in supervision (Knoff, 1986) provided the overall framework for training. The expanded clinical staff includes a pre-doctoral intern, graduate practicum students, and a school psychology consultant, also a

graduate student. Supervision, then, was conceptualized via a multi-tiered model (See Figure B). It is provided by staff psychologists, the pre-doctoral intern, and the peer group. A structured training program for unit staff, conducted by practicum students, provides the pre-doctoral intern's supervisory experience. In addition, time is allotted each week for the discussion of administrative issues as the entire group meets with unit psychologists.

The school psychology consultant, who receives outside supervision (i.e. university), provided consultation from Level III of the Meyers et al. (1979) model. In acknowledgement of the dedication to training this program suggests, a pre-professional trainee (BA level) was also placed at the unit.

CURRENT SERVICE DELIVERY

As noted, services were previously limited to individual and group psychotherapy, as well as psychodiagnostic assessment. More than half of the clients received individual therapy, while the remainder participated in one of two groups.

Following program implementation, all clients are involved in individual counseling/therapy. Seven groups, highly structured and need specific, are currently in progress. These include two adjustment groups for newcomers; a self-esteem group based on cognitive-behavioral principles; a social skills training group; and a classroom-based cognitive group focused on impulsivity. Recently implemented was a group considering cultural differences, as well as a group addressing issues of sexual identity.

Consultation - Supervision

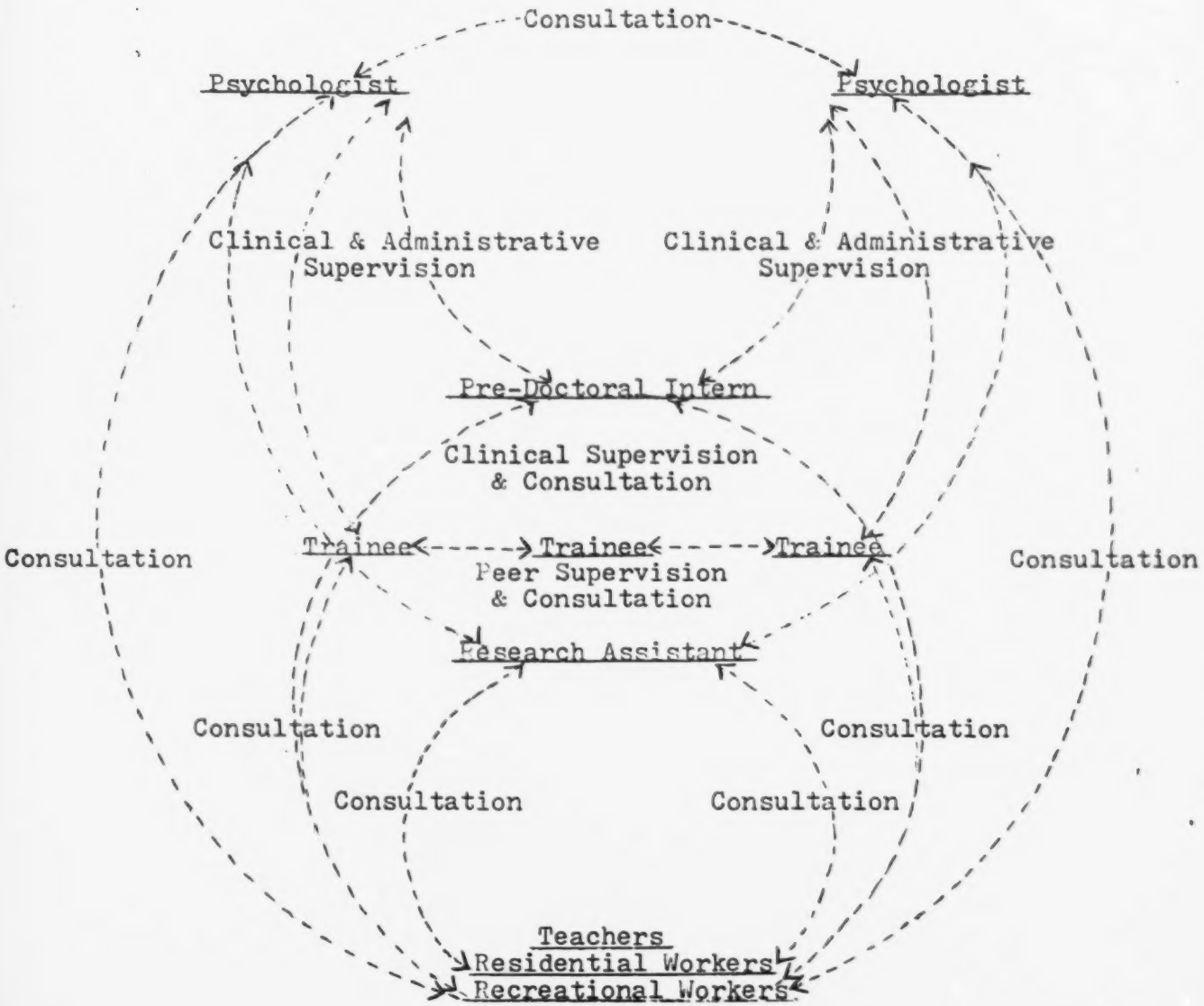

Figure B

The need for training of direct care staff, as well as the necessity of increased consultation, was also addressed. Noted above, a course based on the Systematic Training for Effective Parenting model (Dinkmeyer & McKay, 1982) was conducted by practicum students for residential workers. This has been maintained and the same program has now been implemented for recreation counselors. This training is directly overseen by the pre-doctoral intern. All clinical representatives are encouraged to meet with staff regularly. In addition, unit psychologists have allotted the time afforded by the Training Program to group consultation on a weekly basis. This is geared to both teachers and residential/recreational staff members (See Figure C).

FUTURE PLANS

The advantages afforded by the Training Program are quite obvious and are appreciated by all. Despite this, it would be naive to assume that there would not be a strong pull from the system to recapture the lost balance. Ignoring this carries with it the danger that the change agents will be "sucked in" and will be unable to effect or maintain progress. It is the consistent perception of new alternatives and possibilities, however, that make it difficult to return to the trap of a former view of reality. With the support of administration, then, future goals include the following:

*Expansion of current training program to include Masters students in Social Work

*Extending the training program to other units within the Foundation

*A pilot study assessing the value of an art therapy program for clients.

Service Delivery After Program Implementation

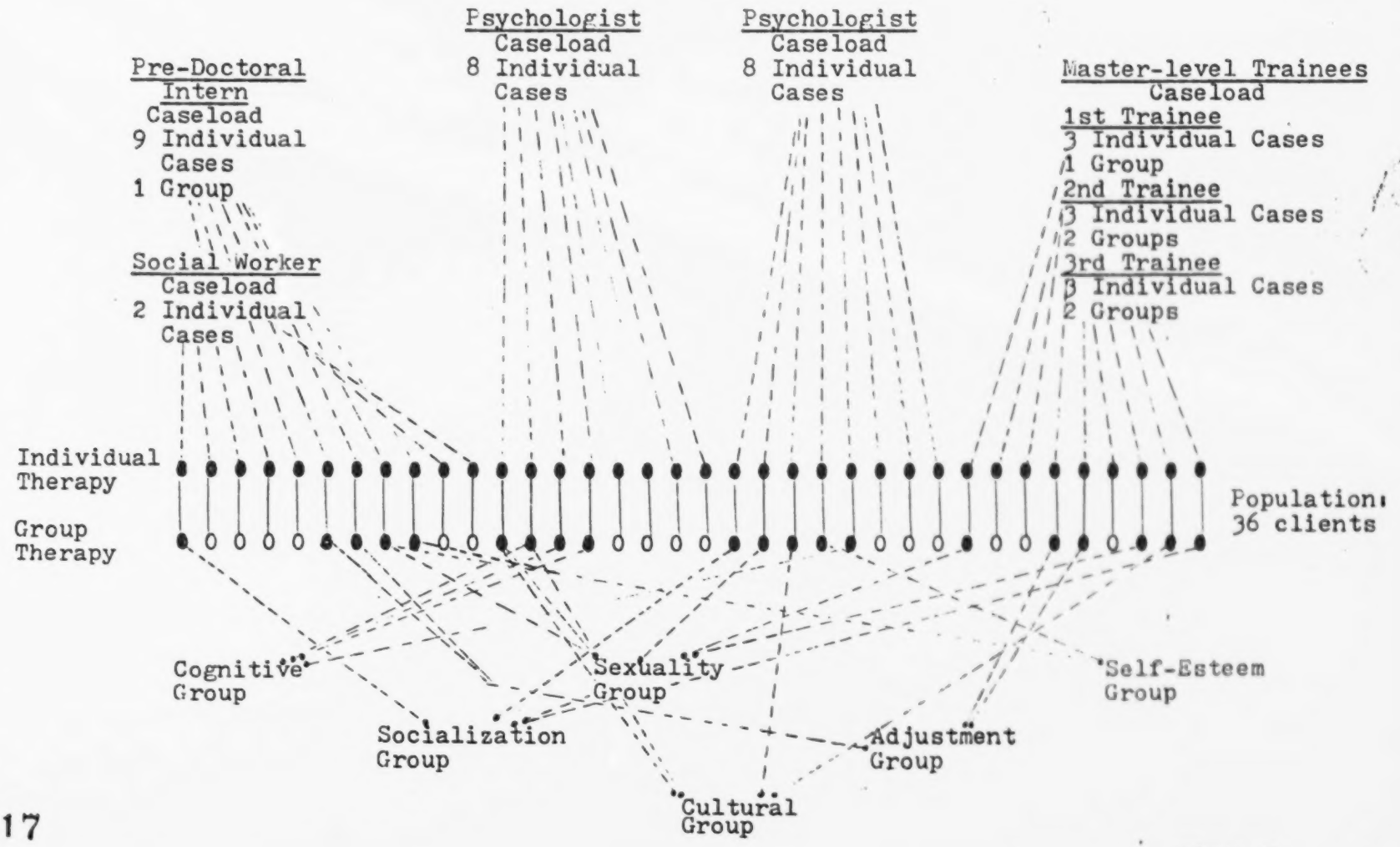

Figure C

*A proposal regarding the use of biofeedback with clients.

*A proposal where legal and ethical considerations of clinicians are addressed in a structured format.

*A Resident Assistant (RA) program for the unit

CONCLUSIONS

Viewing past attempts at problem-solving often reveals that the solutions either contributed to or are the problem. New questions need to be asked so that change can truly occur (Watzlawick et al., 1974). "The uncreative mind can spot wrong answers, but it takes a creative mind to spot wrong questions" (Anthony Jay, Management and Machiavelli quoted in Watzlawick et al., 1974, p. 110).

The system in which this program was implemented enjoys a fine reputation with established dedication to optimal client care. The problems identified are not unlike those experienced in any large organization. As psychologists, it is incumbent on us to "ask new questions" so that our contributions are meaningful to the individuals we serve. We must always consider our own resistance to change and move beyond it.

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